

THIS FORM MUST BE COMPLETED. IF YOU SELECT (a), LIST YOUR FEDERAL WORK PROGRAM AUTHORIZATION IDENTIFICATION NUMBER AND DATE AUTHORIZED. ALL FORMS MUST BE SIGNED AND NOTARIZED.

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate as referenced in O.C.G.A. § 36-60-6(d), from Greene County, Georgia, the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to the application for the above mentioned document:

- (a) _____ The individual, firm, or corporation employs more than ten (10) employees.
- (b) _____ The individual, firm, or corporation employs ten (10) or less employees.

If the employer selected (a), please fill out section below.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number (NOT YOUR FEDERAL TAX ID NUMBER) and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. Executed on the ____ day of _____, 20____ in _____.

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: